

**New Jersey Department of Health and Senior Services  
Financial Services  
P.O. Box 360  
Trenton, NJ 08625-0360**

**STATEMENT OF INTEREST EARNED FROM ADVANCED PAYMENTS  
DEPOSITED INTO AN INTEREST BEARING ACCOUNT**

*This statement is to be submitted on an annual basis and will be due no later than 20 days after the end of the agency's fiscal year.  
Only one statement is required to be submitted for all Grants awarded to your agency.*

**SUBMIT THIS FORM ALONG WITH CHECK TO ABOVE ADDRESS**

NAME OF AGENCY		FEDERAL ID NUMBER
ADDRESS		
AGENCY'S FISCAL YEAR ENDS:	NJDHSS GRANT(S):	INTEREST BEARING ACCOUNT NO.:
NAME OF BANK		
BRANCH NAME		

**Interest Earned**

**Amount**

Total Interest Earned During Fiscal Year Ending _____	_____
Less \$250 .....	_____
Balance To Be Remitted .....	_____

I certify that an interest bearing account has been established.  
All funds received are deposited upon receipt to this account.

NAME (Print)	SIGNATURE	DATE
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In accordance with Subpart F of the "Terms and Conditions for Administration of Grants", dated January 1, 1998, for grants that are less than \$100,000, grantees will not be required to return interest on advance funds, but if a grantee chooses to deposit the grant funds into an interest bearing account, then the grantee must submit any interest earned over \$250 to the Department. If a grantee receives one grant for \$100,000 or more, all grant funds received on this and other grants awarded on the advanced payment system must be deposited into an interest bearing account. Any interest earned over \$250 must be submitted directly to the Office of Financial Services of the New Jersey Department of Health and Senior Services at the address listed above. The grantee may keep interest amounts up to \$250 per year for administrative expenses.